## **BETHEL PARKS & RECREATION**

Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, CT 06801 Phone: 203-794-8542 Fax: 203-778-7519

www.bethel-ct.gov

## BENNETT MEMORIAL PARK APPLICATION

Name of Organization:	
Address:	
Contact:	
Telephone:	
Describe Activity Planned: *Please n	ote WEDDINGS/RECEPTIONS are not permitted*
Date Requested:	
Hours of Use:	Estimated Attendance:
Is Activity Open to General Public? Y	ES NO Is Admission Being Charged? YES NO
amount of \$500,000 is required. Pro	Insurance naming the town of Bethel as an additional insured in the of of insurance must be submitted to the Parks and Recreation office at that you reserve a date and then are unable to obtain the appropriate
Submitted with application? YES	_NO
Bennett Memorial Park and, as duly authounderstand that Bennett Memorial Park is of the provides for the use of the kitchen facility	ons promulgated by the Board of Selectman regarding the community use of the orized agent for this organization; I (We) agree to abide by them. Further, we wented by the town of Bethel and as such is open to the general public. Your rental ies, indoor room, pavilion, bathroom facilities and outdoor cooking areas and does perty and pond. Your rental fee is non-refundable.
DATE	SIGNATURE OF APPLICANT
DATE KEY TAKEN	SIGNATURE OF PERSON TAKING KEY
Office Use Only	
Rental Fee Paid:	Check#: Cash: NO Parks & Rec. Director:
Insurance Certificate Received: YES_	NOParks & Rec. Director:
	NO Security/Cleaning Deposit Collected: YESNO
Date Key Returned:	_ Security Returned: YESNO